

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Patriot Majority PAC		FEC IDENTIFICATION NUMBER ▼ C C00469890	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mack Sumner Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2016	
Mailing Address 2001 N Beauregard Suite 420		Amount 27869.75	
City Alexandria	State VA	Zip Code 22311	Transaction ID : SE.5523
Purpose of Expenditure Direct mail - disseminated 8/8/2016		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 03 / 2016
Name of Federal Candidate DEBBIE WASSERMAN SCHULTZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mack Sumner Communications		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 10 / 2016	
Mailing Address 2001 N Beauregard Suite 420		Amount 31889.00	
City Alexandria	State VA	Zip Code 22311	Transaction ID : SE.5527
Purpose of Expenditure Direct mail - disseminated 08/10/2016		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 04 / 2016
Name of Federal Candidate DEBBIE WASSERMAN SCHULTZ		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	59758.75
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Craig Varoga

[Electronically Filed]

Date

 MM / DD / YYYY
08 / 09 / 2016

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 2 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Patriot Majority PAC	FEC IDENTIFICATION NUMBER ▼ C C00469890
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Mack Sumner Communications			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 11 / 2016		
Mailing Address 2001 N Beauregard Suite 420			Amount 31889.00		
City Alexandria	State VA	Zip Code 22311	Transaction ID : SE.5528		
Purpose of Expenditure Direct mail - disseminated 8/11/2016		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2016		
Name of Federal Candidate DEBBIE WASSERMAN SCHULTZ			<input checked="" type="checkbox"/> Support Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY		
Mailing Address			Amount		
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY		
Purpose of Expenditure		Category/ Type			
Name of Federal Candidate			<input type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	31889.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	91647.75

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Craig Varoga

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